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|--|---|---|----------------------|-----------------------------|---|---|----------------------------------|-------------------------------------|---|-----------------------------|----|-----|
| Client No. 2036 | Client Name OH MATERIALS | Location 1007054000 UTICA, NY | Date 12/11/86 | | | | | | | | | |
| Facility Equipment — | Detect Clock — | Weapon No. — | Holster — | Nightstick — | Raincoat — | Flashlight 1 | Other GATE + TRAILER KEYS | | | | | |
| Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports. | | Officer—Day Shift (Name) De Del Vecchio | | Officer—Swing Shift (Name) | | Officer—Grave Shift (Name) COATES, EUGENE | | | | | | |
| Shift | | Shift | | Shift | | Shift | | | | | | |
| Began 8 AM PM | | Ended 4 AM PM | | Began 4 AM PM | | Ended 12 AM PM | | Began 12 AM PM | | Ended 8 AM PM | | |
| Observations or actions taken | Yes | No | Explanation | Yes | No | Explanation | Yes | No | Explanation | | | |
| Rounds or stations missed | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| Unlocked doors, gates or windows | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| Unlocked vaults or safes | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| Fire-smoke-or hazards | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| 1. Extinguishers missing or defective | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| 2. Sprinkler system defective | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| 3. Fire doors or exits blocked | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| 4. Rubbish accumulation | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| 5. Motors running | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| 6. Lights left burning | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| Injury hazards | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| Visitors | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| Trespassing | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| Violation of company rules | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| Remarks VISUAL CK - BOLD PERIMETER, INCLUDING FENCE LINE (C) made visual check every hour, large hole in fence on Oswego St. VISUAL CK MADE OF BLDG. PERIMETER EVERY HR. (RK) | | | | | | | | | | | | |
| IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post. | | | | | | | | | | | | |
| 1. Were you injured during this tour? | Day Shift | 1. | 2. | 3. | Swing Shift | 1. | 2. | 3. | Grave Shift | 1. | 2. | 3. |
| | Yes <input checked="" type="checkbox"/> | Yes | No | Yes | Yes <input checked="" type="checkbox"/> | Yes | No | Yes | Yes <input checked="" type="checkbox"/> | Yes | No | Yes |
| 2. Did you suffer any illness? | Yes <input checked="" type="checkbox"/> | Yes | No | Yes | Yes <input checked="" type="checkbox"/> | Yes | No | Yes | Yes <input checked="" type="checkbox"/> | Yes | No | Yes |
| 3. Have you reported all accidents coming to your attention? | Yes <input checked="" type="checkbox"/> | Yes | No | Yes | Yes <input checked="" type="checkbox"/> | Yes | No | Yes | Yes <input checked="" type="checkbox"/> | Yes | No | Yes |
| Signatures | 1. De Del Vecchio | | | | 1. Frank Kokoszki | | | | 1. Eugene K. Coates | | | |
| Signatures | 2. | | | | 2. | | | | 2. | | | |
| Signatures | 3. | | | | 3. | | | | 3. | | | |

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